

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046013

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1454

FILED JAN 2 1963

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>		c. CITY OR TOWN <b>St. Joseph,</b>	
Length of stay in 1b <b>15 years</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Thompson-Brumm-Knepper Clinic</b>		d. STREET ADDRESS (If outside, give location) <b>2324 Faraon Street</b>	
3. NAME OF DECEASED (Type or print) First <b>N. ALICE</b> Middle <b>BOYD</b> Last <b>SMYTH</b>		4. DATE OF DEATH Month <b>December</b> Day <b>22,</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 18, 1888</b>
9. AGE (last birthday) <b>74</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>months</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Registered Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nursing</b>	
11. BIRTHPLACE (City and state or country) <b>Philadelphia, Penn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Boyd</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Bell</b>	
14. NAME OF HUSBAND OR WIFE <b>Thomas H. Smyth</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Daughter</b> Address <b>Mrs. Wm. E. Maxwell-St. Joseph, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Abdominal Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary Carcinoma, stomach</b> DUE TO (c) <b>Primary Carcinoma, hepatic flexure, colon</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b> <b>1 year</b> <b>1 year</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>4:30 PM</b> Month, Day, Year <b>May 1962</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Missouri</b>		COUNTY <b>Buchanan</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>May 1962</b> to <b>12/22/62</b> and last saw her alive on <b>12/22/62</b> Death occurred at <b>4:30 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Donald Stallard, M.D.</b> (Degree or title)	
22b. ADDRESS <b>902 Edmund St.</b>		22c. DATE SIGNED <b>12/24/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 24, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 27, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Clara Goodell</b>			

DOCUMENT

BY AFFIDAVIT OF  
D. Stallard, M.D.  
MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

15117

25117

3

4 1

5 2

6

7 1

8 2

9 1992

10

11

12 4-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond H. Brown

Licensed Embalmer No. 5747

P. O. Address St. Joseph's

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 12/24/62